

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814

June 26, 1987



ALL-COUNTY LETTER NO. 87-89

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: REVISED FOOD STAMP FORM: THE DFA 842(2/87), CLAIM DETERMINATION WORKSHEET

REFERENCE: ALL-COUNTY LETTER NO. 85-47, DATED APRIL 24, 1985
ALL-COUNTY INFORMATION NOTICE I-46-87, Dated June 12, 1987

The purpose of this letter is to transmit a camera ready copy of the DFA 842(2/87), the revised form instructions, and other information related to the Claim Determination Worksheet. The form was revised as a joint effort by the AFDC and Food Stamp Policy Implementation Bureau and the CWDA Forms Subcommittee.

Revisions to the DFA 842(2/87) and to the eligibility worker instructions were necessary primarily because of two recent food stamp regulatory packages concerning claiming procedures: OBRA and Nondiscretionary #1 (ORD #0986-39), effective December 1, 1986, and Food Stamp Overissuance Corrective Action (ORD #0186-04), effective March 1, 1987. Other revisions to both the form and the instructions include nonsubstantive changes, such as renumbering and restructuring for clarity and consistency.

The OBRA and Nondiscretionary #1 package implemented provisions that hold adult household members individually and jointly responsible for claims even if they move out of the household (MPP 63-801.1). The Food Stamp Overissuance Corrective Action package changed the timeframes for collecting claims for inadvertent household and administrative error claims from twelve (12) months to three (3) years (MPP 63-801.11).

Implementation

A camera ready copy of the DFA 842(2/87) is provided for local reproduction as state stock will not be reproduced. The DFA 842(2/87) does not obsolete stock of the DFA 842(2/85); therefore, (2/85) stock may be used until it is depleted.

In view of the new claiming procedures effective 12/1/86, CWDs may wish to restrict usage of stock to one person households. However, CWDs that choose to use (2/85) stock for any cases must ensure that the provisions of the OBRA and Nondiscretionary #1 and Food Stamp Overissuance Corrective Action packages are implemented as prescribed in the revised form instructions for the DFA 842(2/87) transmitted with this letter.

Outline of the Major Changes to the Form

The following outline provides details of the specific changes from the prior DFA 842(2/85) revision of the form.

- Items added to the form:
 - Case Transfer Status information (above items 4 and 5)
 - Case identifying information for Another Member (items 4 and 5)
 - FS Case Status, Active or Discontinued (item 7)
 - Effective Date of Disqualification (item 9)
- Items deleted from the form:
 - Telephone (for household)
 - Birthdate (for head of household)
- Items that were put in a new order or renumbered:
 - Case Name
 - Head of Household
 - Date of Discovery
 - Basis for Claim Determination
 - The calculations in items 14-17
- Other changes (items 11 and 14, Issuance Verification):
 - Order for DMI and ATP/HIR is reversed
 - A column for Other is added (i.e., FSOLIS)

Form Instructions

Changes to the form instructions for the eligibility worker principally revise the text narrative and cited manual section numbers affected by the regulation changes outlined above. Changes are identified by a vertical line to the right of the page.

If you have any questions regarding this letter or the attachments, please contact Elizabeth Allred, AFDC and Food Stamp Policy Implementation Bureau, at (916) 323-4954 or ATSS 473-4954.



ROBERT A. HOREL
Deputy Director

Attachments

cc: CWDA

CASE TRANSFER STATUS
☐ TO ☐ FROM

11. SUMMARY OF FOOD STAMP OVERISSUANCE

Continue on reverse

11a Total ▶

11b Total ▶

DOCUMENTATION

12. Total food stamp overissuance
(subtotal if continued on reverse)

11a Minus 11b ►

13. Claim offsetting lost benefits not restored
 - A. Total food stamp overissuance (from 12 above).
 - B. Minus lost benefits not restored.
 - C. Minus payment received.
 - D. Amount of food stamp claim to be collected.

DATE	DATE
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ELIGIBILITY WORKER (SIGNATURE)

DATE _____

SUPERVISOR (SIGNATURE)

DATE _____

REVIEW OFFICER (APPROVAL SIGNATURE)

DATE _____

DATE	DESCRIPTION	ACTION (PLANNED/TAKEN)
11/1/2011	1. Review the current status of the project and identify any issues or risks.	1. Review the current status of the project and identify any issues or risks.
11/1/2011	2. Develop a detailed project plan, including a timeline and resource allocation.	2. Develop a detailed project plan, including a timeline and resource allocation.
11/1/2011	3. Obtain approval from the project sponsor and stakeholders.	3. Obtain approval from the project sponsor and stakeholders.
11/1/2011	4. Initiate the project and begin implementation.	4. Initiate the project and begin implementation.
11/1/2011	5. Monitor the project progress and report on a regular basis.	5. Monitor the project progress and report on a regular basis.
11/1/2011	6. Close the project and evaluate the results.	6. Close the project and evaluate the results.

Include all other overissuance months not listed on the front.

[illegible]

63-1230 STATE FORMS & INSTRUCTIONS (Continued)**63-1230**

DFA 842 (2/87)

3. Name (if different), SSN, and address of Head of Household

4-5. Name, SSN, and Address (if different) of other adult household members

NOTE: If a claim applies to a sponsored alien household, enter the name of both the head of household and the sponsor in item 1. Document if collection action is initiated against the sponsor, the alien, or both.

6. Date of Discovery

Enter the date the overissuance became known to the CWD.

7. FS Case Action

Check the appropriate box for case status, active or discontinued. Annotate date of discontinuance, if an active case is discontinued during processing of overissuance claim.

8. Basis for Claim Determination

Check the appropriate box for the cause of the overissuance. For purposes of completing this section, the types of claims are as follows:

— **Administrative Error Claim**

A claim in which the overissuance was caused by the CWD.

— **Inadvertent Household Error Claim**

A claim in which an overissuance was caused by a misunderstanding or unintended error on the part of the household (or sponsor of an alien household), or the Authorized Representative of an eligible institution.

— **Potential Intentional Program Violation Claim**

A claim in which a household member is suspected of intentionally violating program rules or regulations to receive more food stamps. A claim is handled as an IPV claim only after one of the following actions occurs:

a) an administrative disqualification hearing official or a court of appropriate jurisdiction has determined that a household member, the sponsor of an alien household, or the authorized representative of an eligible institution has committed IPV.

b) an accused individual signs a DFA 479, Waiver to an Administrative Disqualification Hearing, that is an agreement that waives the right to the administrative disqualification hearing, agrees to the imposition of an appropriate disqualification period with benefit reduction and acknowledges liability for payment of any overissuance claim. The DFA 479 is obtained by the State Hearings Office.

c) when an accused household member signs a Disqualification Consent Agreement which is an agreement that consents to an appropriate disqualification period with benefit reduction and acknowledges liability for repayment of an overissuance claim. This document is obtained at the local county level, usually by the District Attorney's office.

63-1230 STATE FORMS & INSTRUCTIONS (Continued)

63-1230

DFA 842 (2/87)

Form Instructions
(For Eligibility Worker)**CLAIM DETERMINATION WORKSHEET****Purpose:**

The DFA 842 is used to document claims against any household, any adult household members (even if they move out), the sponsor of an alien member of a household, and the authorized representative of an eligible institution that received more food stamp benefits than it is entitled to receive. Note: Claims established prior to December 1, 1986 can be levied only against the household itself.

Specifically, the DFA 842 has three purposes: 1) internally documenting individual claims, 2) tracking liable adult household members that move to or from the household, and 3) assisting counties in gathering information for the quarterly report DFA 209, Status of Claims Against Households.

Time frames — The DFA 842 worksheet documents overissuances which occurred within

- 1) the **three years** prior to the date of discovery for inadvertent household error claims or for administrative error established on or after March 1, 1987, or
- 2) the **six years** prior to the date of discovery for Intentional Program Violation (IPV) claims. However, no amount of overissuance which occurred more than six years from the date the overissuance was discovered or prior to March 1, 1979 may be included.

For example, if the date of discovery is March 10, 1984, an inadvertent household error claim or administrative error claim covering the period March 1983 through March 1984 would be documented on the first page. A potential intentional program violation claim covering the period January 1, 1979 through March 1984, with a discovery date of March 10, 1984, would be documented as follows: March 1983 through March 1984 would be documented on the first page. March 1979 through February 1983 would be documented on the second page and additional pages as needed. Do not establish a claim for January and February 1979.

NOTE: (a) Collection action on inadvertent household error claims or administrative error claims established prior to March 1, 1987 are limited to twelve month period prior to the date of discovery.

- (b) Collection action on claims covering overissuances which occurred within the 3 years prior to the date of discovery may be initiated immediately regardless of the basis for the claim determination. Collection action on claims covering overissuances which occurred more than 3 years prior to the date of discovery may be initiated only after (1) an individual has been found guilty of committing an IPV, (2) an accused individual has signed either a Disqualification Consent Agreement or a Waiver to an Administrative Disqualification Hearing.

Preparation:

Complete the number of copies required for your internal system as soon as an overissuance is discovered and it is determined that a claim should be established.

Enter the following identifying information. (See last page for Case Transfer Status.)

1. Case Name
2. Case Number

63-1230 STATE FORMS & INSTRUCTIONS (Continued)**63-1230**

DFA 842 (2/87)

Issuance Verification

Use of this section to verify issuance of the benefits covered by the claim is a county option. If this section is not used for this purpose, verification of issuance must be documented in some other manner. For verification of ATP usage, the DFA 332.1, Verification of Food Stamp ATP Usage, may be used.

Check the type of issuance system (ATP, HIR, DMI (direct mail), FSOLIS, etc.). Verify redemption of the ATP/HIR by noting the date of redemption, serial number or other appropriate information in the redemption column.

11a. Total

Enter the total food stamp allotment actually received by the household for the overissuance months.

11b. Total

Enter the total food stamp allotment which should have been correctly received by the household for the overissuance months.

12. Total Food Stamp Overissuance

Subtract correct total allotment (11b) from allotment actually received (11a) and enter the remainder.

13. Claim Offsetting Lost Benefits Not Restored

Complete this section only if the household is due lost benefits which have not been restored or payment against the claim has been received. Enter the date that the claim is offset by lost benefits or payments. Space is provided to record a second offsetting should this occur while the claim is still open. Any additional offsetting may be shown in the documentation section.

13A. Enter total food stamp overissuance from line 12.

13B. Enter any lost benefits not restored.

13C. Enter any payment received toward the claim.

13D. Subtract 13B and 13C from 13A and enter the remainder for the amount of the food stamp claim to be collected.

Signature Block

Enter Eligibility Worker's signature and date.

Enter Eligibility Worker Supervisor's signature and date.

The first page must be signed by the eligibility worker and supervisor even if there is a continuation on the second page.

63-1230 STATE FORMS & INSTRUCTIONS (Continued)**63-1230**

DFA 842 (2/87)

9. Effective Date of Disqualification

Enter the date the period of disqualification begins.

10. Explanation of Overissuance

Explain how and why the overissuance occurred. If the overissuance resulted from a change in circumstances, indicate the date the change occurred and the date the household reported the change to the CWD.

11. Summary of Food Stamp Overissuance

Space is provided for 14 months prior to the date of discovery to include the current month's issuance if benefits have already been issued at the time the worksheet is completed, and to include the following month's issuance if sufficient time does not exist to provide a timely notice of benefit reduction. Record the remaining months in Item 14 on the second page.

Issuance Month and Year

Enter the month and year of all overissuances and the date for the current and following month's issuances, if appropriate.

Actual Basis for Issuance**— Household Size**

Enter the household size used in the original benefit computation.

— Adjusted Income

Enter the net adjusted income from the original benefit computation.

— Allotment

Enter the allotment actually received by the household for each overissuance month.

Correct Basis for Issuance**— Household Size**

Enter the correct household size for each overissuance month.

— Adjusted Income

Enter the correct net adjusted income for each overissuance month.

— Allotment

Enter the correct allotment the household should have received.

63-1230 STATE FORMS & INSTRUCTIONS (Continued)**63-1230**

DFA 842 (2/87)

Action Planned (Taken)

Use this section to enter the action planned or taken to collect the claim, and if it is referred for intentional program violation investigation. This section may also be used to record information such as the dates of repayment notices and the amounts collected; if the claim was suspended, and the date and reason; the date the claim is considered uncollectible and the date collection action is terminated.

Enter Review Officer approval signature and date.

14. Summary of Food Stamp Overissuance

Space is provided for any additional months which are not listed in Item 11 on Page 1. If necessary, use an additional sheet, to list any remaining months.

**Issuance Month/Year, Actual Basis for Issuance, Correct Basis for Issuance,
Issuance Verification**

Follow the instructions outlined in Item 11 above for these four sections.

14a. Subtotal This Page

Enter the total food stamp allotment received by the household from this page. In 11a enter the total allotment received by the household from 11a of the first page.

14b. Subtotal This Page

Enter total food stamp allotment which should have correctly been received by the household from this page. In 11b, enter the total allotment which should have been received by the household from 11b of the first page.

15a. Total Both Pages

Add 14a and 11a and enter total.

15b. Total Both Pages

Add 14b and 11b and enter total.

16. Total Food Stamp Overissuance

Subtract correct total food stamps (15a) from food stamps actually received (15b) and enter remainder.

17. Claim Offsetting Lost Benefits Not Restored

Complete this section only if the household is due lost benefits not restored or payment against the claim has been received and this offsetting was not done on the first page. Enter the date that the claim is offset by the lost benefits or payments. Space is provided to record a second offsetting should this occur while the claim is still open. Any additional offsetting may be shown in the documentation section.

63-1230 STATE FORMS & INSTRUCTIONS (Continued)**63-1230**

DFA 842 (2/87)

- 17A. Enter total food stamp overissuance from Item 16.
- 17B. Enter any lost benefits not restored.
- 17C. Enter any payment received toward the claim.
- 17D. Subtract 17B and 17C from 17A and enter the remainder for the amount of food stamp claim to be collected.

Signature Block

Enter Eligibility Worker's signature and date.

Enter Eligibility Worker Supervisor's signature and date of review.

This second page must be signed by the eligibility worker and supervisor even if the first page is signed.

Documentation

Use this section if additional space is required to document action taken on the claim or to document other information required by the county.

Case Transfer Status

Use this section (on the first page, upper right corner) when a liable adult changes households.

Check the appropriate box for establishing the case transfer status of any adult household member(s) who transfers to another or from another household. For the purposes of completing this section, each item is explained below:

- TO - an adult household member transfers out of the household identified in item 2 to a participating or nonparticipating household.
- FROM - an adult household member transfers from another participating household with an outstanding claim into the household identified in item 2.
- CASE NUMBER - the case number for any other household when a transfer to or from a liable household occurs. Space is provided for annotating household case numbers for two adults that transfer; use a second DFA 842 if more than two adults transfer. Where space permits, counties may annotate another state or county when an interstate or intercounty transfer is involved.